



Commission on Improving the Status of Children in Indiana

Recommendation to the Commission

Party Submitting Recommendation: Jennifer Tackitt Dorfmeier & Serrilla Blackmon

Date of Submission: 12/11/2020

Type of Action Requested:

Legislation Administrative Rule or Policy Resolution of Support or Endorsement Professional/skills development

Other: _____

Which of the Commission's Strategic Priorities does this Recommendation help advance (check all that apply):

Child Health and Safety Juvenile Justice and Cross-system Youth
 Mental Health and Substance Abuse Educational Outcomes

Summary of Recommendation:

1. Request OMPP conduct a deeper dive regarding cost and care utilization for Indiana children who experience crisis and have intensive needs. This would include all insurers: Medicaid, Medicare and Commercial
2. Garner cross -state agency commitment and collaboration in the development of the state's crisis continuum.
3. Engage one of the Managed Care Entities to pilot MRSS for their members.
4. Partner with local organization to plan implementation, including addressing unique needs for people of color and immigrant population.
5. Indiana team to engage in technical support from the National Association of State Mental Health Program Directors and other states.

Background of Recommendation:

What is the need or problem, and how does it impact disparate populations?

There is a gap in the continuum of behavioral health care for children and adolescents who need crisis services and present with high intensity needs. The state has a 1915i State Plan Amendment Child Mental Health High Fidelity Wraparound program that provides youth with Serious Emotional Disturbance with intensive home and community - based services. However, this program only addresses the top tier of the youth population. With limited access to behavioral health services many children and adolescents throughout different parts of the state seek mental health services through Emergency Departments. There has been an increase in inpatient psychiatric admissions that coincides with an increase in ED admissions. According to Medicaid claims data, disparate populations are significantly underrepresented. The National Institutes of Health reports there has been an increase in the rates of suicide in the U.S.;

this also includes a rise in the rate of black youth. As of 2018 suicide became the second leading cause of death in Black children aged 10-14 and the third leading cause of death in Black adolescents aged 15 to 19 years of age.

What data, research or other information did the recommender consult to formulate this proposal?

Indiana Medicaid claims data provided information for ED visits, inpatient psychiatric stays. The group was able to review the data by zip codes which reflected high utilizers of crisis services in the state.

The subcommittee developed a survey that was disseminated to all internal and external stakeholders including family and caregivers. Individuals that completed the survey took the time to provide valuable feedback and thoughts about this mobile crisis service.

The group has consulted with other states that have successfully implemented MRSS. An invitation was extended to the Technical Assistance Team with the University of Maryland School of Social Work to provide an overview and guidance that was tailored to Indiana. The subcommittee also invited several Indiana Mobile Crisis teams to present on their model and shared their model and outcomes.

An Indiana team participated in 2 separate state MRSS peer meetings in NJ along with several other states interested in implementing MRSS. The first state team had representatives from the following agencies: Department of Child Services, Division of Mental Health and Addiction, Office of Medicaid Policy and Planning and Juvenile Detention Alternatives Initiative. The subcommittee also reviewed supporting data from Indiana Youth Institute Data Brief and SAHMSA “White Paper for MRSS.”

What disproportionality did the data reveal?

Reviewing the Indiana Medicaid claims data revealed the following: White youth were significantly overrepresented; Hispanic youth -significantly underrepresented; Black youth-significantly underrepresented and Asian youth-significantly underrepresented. Indiana Youth Institute Data Brief Report revealed that another disparate population who is vulnerable are youth who identify as gay, lesbian or bisexual are three times more likely to consider suicide and five times more likely to attempt suicide than their peers. Females are twice as likely to consider suicide as males. Younger youth and youth of color are also more likely to attempt suicide. Risk factors for youth who are in crisis include having experienced serious mental health problems or traumatic life events such as physical or sexual abuse. Other risk factors include substance or alcohol use disorders, a family history of suicide, physical illness, and easy access to lethal methods.

What is the current response to the problem by the State of Indiana?

There are several variations of mobile crisis programs that are currently being implemented through the state with a focus on opioid overdose response. The mobile crisis programs that are in place are supported through federal grants which are short term. Currently the state does not have a uniform response in addressing crisis services across the behavioral health continuum for children, adolescents, and adults.

What solution is the recommender proposing, and how does it affect disparate populations?

The solution is to implement Mobile Response Stabilization Services as a part of the array of Behavioral Health continuum of care. Doing this will fit nicely within the National Suicide Hotline Designation Act of 2020. The goals for this service addresses the following: (1) help families in distress in a timely manner, reducing ED and inpatient psychiatric visits (2) assist with foster care placement stability; (3) prevent out-of-home placement; (4) provide services to ensure stability and safety and (5) provide services in the home, school or community whenever possible.

How does the solution address the disproportionality in the data?

Mobile Response Stabilization Services will address the behavioral health needs of the disparate population that are underrepresented reflected in the Medicaid claims data. Based on the survey that the MRSS subcommittee disseminated, families and caregivers were receptive to receiving services in their home and community. A mobile face-face response to a family-defined crisis can provide support and intervention for a child/youth and their family, before emotional and behavioral difficulties escalate. This service reduces stigma, and addresses the need for areas with limited resources.

If a legislative request, cite the current relevant code and specify what change is being recommended.

Click or tap here to enter text.

If a policy request, cite the current relevant policy and specify what change is being recommended.

Click or tap here to enter text.

If the recommendation involves an endorsement or public promotion of a specific initiative or statement, attach the document of which you are seeking the Commission's support/endorsement/promotion.